

Case #:

**Town of Enfield**  
**FTHB Program Application**  
Application Fee \$100.00 payable to Town of Enfield

**Applicant 1:** \_\_\_\_\_ M F  
                    (LAST)                 (FIRST)                 (MI)

**Applicant 2:** \_\_\_\_\_ **M F**  
 (LAST) (FIRST) (MI)

**Current Address:** \_\_\_\_\_  
**(Applicant 1)**                  **Street/ Apt.#**                  **City/Town**                  **State**                  **Zip**

**If you have lived at this address for less than one year please list your previous address:**

**Current Address:** \_\_\_\_\_  
**(Applicant 2)**                  **Street/ Apt.#**                  **City/Town**                  **State**                  **Zip**

**If you have lived at this address for less than one year please list your previous address:**

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(Primary Applicant)**

**Daytime Telephone #** (     )     -     (Primary Applicant)

**Evening Telephone # ( ) - (Primary Applicant)**

### REQUESTED LOAN AMOUNT

## Household Composition

Number of persons living in the home to be purchased: \_\_\_\_\_

If a purchasing a multifamily home, list the number of units: \_\_\_\_\_

Number (if any) under the age of 7: \_\_\_\_\_

*The following information is not required. However, this information  
will enable us to adhere to Fair Housing Regulations.*

**Ethnic Identity:**    \_\_\_\_\_Asian    \_\_\_\_\_Black    \_\_\_\_\_Hispanic    \_\_\_\_\_Eskimo / Aleutian  
\_\_\_\_\_Pacific Islander    \_\_\_\_\_Cape Verdean    \_\_\_\_\_Native American    \_\_\_\_\_White    \_\_\_\_\_Other

Female Head of Household:    Yes                  No

Household Member Disabled:    Yes                  No

- ## Income

Household Member/Applicant(s)	Social Security #	DOB	Relationship to Applicant(s)	Gross Annual Income	Position

## Financial Information

### EMPLOYMENT INFORMATION

Household Member/Applicant(s)	Employer/ Address	Name of Supervisor	Length of Employment	Telephone #

*Please attach copies of four (4) recent payroll stubs for all working household members.*

**INCLUDE A COPY OF THE TWO MOST RECENT FEDERAL TAX RETURN INCLUDING ALL W-2 AND 1099S FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18 YEARS OF AGE.**

**ACCEPTABLE DOCUMENTATION.** You must provide documentation for all income as described below.

**1. Applicants receiving wages:**

Four of your most recent pay stubs or letter from your employer on their company stationary stating your gross pay for the last four weeks.

**2. Applicant who are self employed:**

You must submit copies of the last four (4) quarterly tax payments.

**3. Applicants receiving unemployment benefits:**

Your most recent unemployment check stubs or a letter from unemployment stating amount of benefits and the date benefits began.

**4. Applicants receiving Social Security benefits:**

A letter from Social Security stating your benefits or a copy of your most recent check or a bank statement.

**5. Applicants receiving a Pension or Disability Compensation:**

A letter from the source of the pension stating your benefits and how long you have been receiving them or a copy of your most recent check. Also, proof of disability, if receiving disability income.

**6. Applicants receiving Public Assistance:**

Provide a letter from the Department of Social Service stating, your benefits and how long you have been receiving them.

**7. Interest/ Dividends if over \$100.00 per year:**

A letter from the source of income stating the amount of interest earned in the last twelve months.

**8. Alimony/ Child Support:**

A copy of the most recent check for one month's alimony/ child support or a copy of the court order or a letter from your lawyer stating the amount received and the date you started receiving funds.

**FULL TIME STUDENTS:** For any household member over 18 years of age considered a full time student please provide documentation from school describing enrollment status.

### **ASSETS/LIABILITIES**

<b>Assets:</b>	<b>Balance</b>	<b>Account #</b>	<b>Bank/Finance Co.</b>
Checking:	\$		
Savings:	\$		
CD/IRA:	\$		
Other:	\$		

<b>Liabilities:</b>	<b>Bal. Due/Monthly Payment</b>	<b>Account #</b>	<b>Creditor</b>
Credit Card:	\$		
Credit Card:	\$		
Loan:	\$		
Loan:	\$		

Please attach all other supporting information to this application form.

### **LENDING INSTITUTION**

Name of Institution \_\_\_\_\_

Loan Officer / Contact Person \_\_\_\_\_

Phone  
Number \_\_\_\_\_

**Please attach a copy of your mortgage application to this FTHB application.**

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*I/We certify that the above information is correct to the best of my knowledge, and I/We authorize the Enfield OCD to verify the facts stated. I/We also understand giving false statements or information will automatically terminate this application. I/We certify that this application does not in any way constitute a binding agreement between the Enfield FTHB Program and the said applicant(s) for the funding assistance to the purchase of property. I/We have read and fully understand the FTHB Program guidelines provided to me with this application, including all intake procedures for the program. I/We also understand that the funding used for the Enfield FTHB Program has income and affordability restrictions as well as deed restrictions.*

Applicant 1 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 signature: \_\_\_\_\_ Date: \_\_\_\_\_